

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90002 030 ***150.00

DOCUMENT # P00000116787

1. Entity Name
PHOENIX DOCUMENT SERVICE, INC.



Principal Place of Business

9704 KATY DR., #2C1
HUDSON, FL 34667

Mailing Address

9704 KATY DR., #2C1
HUDSON, FL 34667

54063021



2. Principal Place of Business

6195 DELTOWA
Suite, Apt. #, etc.

3. Mailing Address

6195 DELTOWA BLVD.
Suite, Apt. #, etc.

07102004

Chg-P

CR2E034 (10/03)

City & State

Spring Hill

City & State

Florida

4. FEI Number

59-3693084

Applied For

Not Applicable

Zip

34606

Country

HERNANDO

Zip

34606

Country

HERNANDO

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

DEVRIES, EVA
6195 DELTA BLVD
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eva Devries EVA DEVRIES

7-15-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DEVRIES, PETER JOHN
STREET ADDRESS 6195 DELSONA BLVD
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eva Devries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #